

AMBULANCE REVENUE AND COST REPORT
GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Southwest Ambulance of Tucson, Inc. CON No.: 54
DBA (Doing Business As): Kord's Southwest Phone: (800) 352-2309
Financial Records Address: 9221 E Via de Ventura City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2013 To: December 31, 2013
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

John R. Karolzak
Chief Relations Officer

Date: 6-30-14

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:	154	390	11,507	12,051
02	Number of BLS Billable Transports:	294	743	21,924	22,961
03	Number of Loaded Billable Miles:	3,889	9,818	289,700	303,407
04	Waiting Time (Hr. & Min.):	1.7	4.3	125.9	131.8
05	Cancelled (Non-billable) Runs:				19,897 *
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

**This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

* Number shown is total number of calls minus number of transports

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

STATEMENT OF INCOME

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Line No.	DESCRIPTION	FROM	
	Operating Revenue:		
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$54,328,097</u>
	Less:		
02	AHCCCS Settlement.....		(\$4,785,277)
03	Medicare Settlement.....		(\$17,156,150)
04	Contractual Discounts.....	Pg 7 Ln 22	(\$434,951)
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		\$0
07	Total.....		<u>(\$22,376,378)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$31,951,719</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$66,803</u>
10	Total Operating Revenue.....		<u>\$32,018,523</u>
	Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt)		\$7,091,494
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$11,576,802
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$2,010,649
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$720,523
15	Other Operating Expenses.....	Pg 6 Ln 28	\$2,979,365
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$1,561,521
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$25,940,355</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$6,078,168</u>
	Other Revenues/Expenses:		
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	\$16,189
21	Non-Operating Revenue and (Expenses)		\$0
22	Non-Deductible Expenses (Schedule Attached).....		\$3,768
23	Total Other Revenue/Expenses.....		<u>\$16,189</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$6,094,357</u>
	Provision for Income Taxes:		
25	Federal Income Taxes.....		\$2,072,081
26	State Income Tax.....		\$426,605
27	Total Income Tax.....		<u>\$2,498,686</u>
28	Ambulance Service - Net income (Loss)		<u>\$3,595,670</u>

Note: See the two Notes to this Statement of Income reported on ARCR page "Notes"

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

Note 1 Based on collection trends and other relevant data, Rural/Metro increased its contractual and uncompensated care allowances for revenues recorded prior to December 31, 2012. The impact of that adjustment was to increase calendar year 2012 net revenue by \$1,804,009 and decrease calendar year 2013 net revenue by the same amount. That adjustment is included in the Statement of Income data at Page 2.

Note 2 Statement of Income data does not include an Impairment Charge resulting from the adjustment of Rural/Metro's Goodwill and Intangible Assets to fair value.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Non-Deductible Expenses:		
22.1	Contributions	<u>\$3,768</u>
22.2		<u> </u>
22.3		<u> </u>
22.4		<u> </u>
22.5		<u> </u>
22.6		<u> </u>
22.7		<u> </u>
22	Total.....Page 2, Non-Deductible Expenses	<u>\$3,768</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

ROUTINE OPERATING REVENUE

**Line
No.**

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	12,051	=	\$ 16,456,002
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	22,961	=	\$ 28,063,150
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	303,407	=	\$ 7,026,315
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	131.8	=	\$ 40,064
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)					\$ 2,618,945
6	Nurses Charges					\$ 0
7	Total					\$ 54,204,476
8	Standby Revenue (Attach Schedule)					\$ 123,622
9	Other Ambulance Service Revenue (Attach Schedule)					\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)					\$ 54,328,097

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year			N/A
12	Plus Purchases			
13	Plus Other Costs			
14	Less Inventory at End of Year			N/A
15	Cost of Goods Sold (To Page 2, Line 14)			\$ 720,523 *

* The disposable medical supplies are expensed as used and are not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION		No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)		0.0	\$0
02	Payroll Taxes.....			\$0
03	Employee Fringe Benefits.....			\$0
04	Total.....		0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....		3.0	\$170,963
06	Payroll Taxes.....			\$14,220
07	Employee Fringe Benefits.....			\$30,811
08	Total.....		3.0	\$215,994
Gross Wages - AMBULANCE PERSONNEL				
(Attach schedule II):				
		**Casual Labor	Wages	
09	Paramedic, EMT-I, and AEMT.....	\$68,612	63.6	\$2,301,453
10	Emergency Medical Technician (EMT).....		157.5	\$4,370,226
11	Nurses.....		4.1	\$325,567
12	Payroll Taxes.....			\$576,283
13	Employee Fringe Benefits.....			\$1,248,664
14	Total.....		225.2	\$8,822,193
Gross Wages - OTHER PERSONNEL (Attach Schedule II):				
15	Dispatch.....		14.4	\$506,102
16	Mechanics.....		5.4	\$255,904
17	Office and Clerical.....		20.0	\$603,992
18	Other.....		16.2	\$643,366
19	Payroll Taxes.....			\$167,127
20	Employee Fringe Benefits.....			\$362,124
21	Total.....		56.0	\$2,538,615
22	Total F.T.E.'s Wages, Payroll taxes and Emp. Ben. (To Page 2, Line 12).....		284.2	\$11,576,802

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. DESCRIPTION

Professional Services:

01	Legal Fees	\$0	
02	Collection Fees	\$92,796	
03	Accounting and Auditing	\$0	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$256,133	
06	Total.....		<u>\$348,929</u>

Travel and Entertainment:

07	Meals and Entertainment.....	\$6,282	
08	Transportation - Other Company Vehicles.....	\$66,373	
09	Travel.....	\$2,617	
10	Other: Lodging.....	\$1,570	
11	Total.....		<u>\$76,843</u>

Other General and Administrative:

12	Office Supplies.....	\$22,571	
13	Postage.....	\$33,160	
14	Telephone.....	\$174,501	
15	Advertising.....	\$4,251	
16	General Liability Insurance.....	\$113	
17	Dues and Subscriptions.....	\$8,716	
18 a	Other (Schedule Attached).....	(\$542,792)	
18 b	Other: Corporate Support Services.....	\$1,884,358	
19	Total.....		<u>\$1,584,877</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$2,010,649</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$0
5.2	Management & Human Resources	\$68,692
5.3	Medical Direction	\$115,398
5.4	Other (did not fit any other line item)	\$72,043
5.5		
5.6		
5.7		
		\$256,133
5	Total.....Page 5, Other General & Administrative.	

Other General and Administrative:		
18.a.1	Public Relations.....	\$9,258
18.a.2	Printing.....	\$14,693
18.a.3		
18.a.4		
18.a.5		
18.a.6	Miscellaneous Expenses and Chapter 11 Write-offs for Insurance Obligation Elimination, Trade Accounts Payable Elimination and Termination of Certain Leases	(\$566,744)
18.a	Total.....Page 5, Other General & Administrative.	(\$542,792)

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

OTHER OPERATING EXPENSES

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Line No.	DESCRIPTION	
	Depreciation and Amortization:	
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$483,492
02	Amortization.....	\$0
03	Total.....	<u>\$483,492</u>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13	<u>\$834,660</u>
	Building/Station Expense:	
05	Building & Cleaning Supplies.....	\$7,299
06	Utilities.....	\$141,713
07	Property Taxes.....	\$163,290
08	Property Insurance.....	
09	Repairs & Maintenance.....	\$143,896
10	Other (Attach Schedule).....	
11	Total.....	<u>\$456,197</u>
	Vehicle Expense - Ambulance Units:	
12	Licenses / Registration.....	\$14,942
13	Fuel.....	\$454,078
14	General Vehicle Service & Maintenance.....	\$237,611
15	Major Repairs.....	\$0
16	Insurance - Service Vehicles.....	\$121,541
17	Other: Tires	\$28,116
18	Total.....	<u>\$856,288</u>
	Other Expenses:	
19	Dispatch.....	\$175,739
20	Education / Training.....	\$43,689
21	Uniforms & Uniform Cleaning.....	\$169
22	Meals & Travel for Ambulance Personnel.....	\$73,367
23	Maintenance Contracts.....	\$55,764
24	Minor Equipment - Not Capitalized.....	
25	Ambulance Supplies - (Nonchargeable).....	
26	Other (Attach Schedule)	
27	Total.....	<u>\$348,728</u>
28	Total Other Operating Expenses (To Page 2, Line 15)	<u>\$2,979,365</u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	AETNA	77	\$99,209	30%	\$29,763
02	AIR AMBULANCE SPECIALISTS	1	1,440	30%	432
03	BCBS OF AZ	249	325,024	30%	97,507
04	CASA DE LA LUZ HOSPICE	6	7,103	30%	2,131
05	CIGNA	49	64,155	30%	19,246
06	CORIZON	17	23,045	30%	6,913
07	CORNERSTONE HOSP OF SE ARIZONA	48	63,630	30%	19,089
08	EVERCARE HOSPICE	5	5,380	30%	1,614
09	HEALTH NET	35	42,143	30%	12,643
10	HEALTH SOUTH	28	33,823	30%	10,147
11	KINDRED HOSPITAL	110	138,091	30%	41,427
12	LIFE CARE CENTER OF TUCSON	4	4,965	30%	1,490
13	NORTHWEST MEDICAL CENTER	70	77,404	30%	23,221
14	ODYSSEY HOSPICE	7	8,553	30%	2,566
15	ONE CALL MEDICAL TRANSPORT	17	31,129	30%	9,339
16	REHAB INSTITUTE OF TUCSON	6	6,460	30%	1,938
17	SECURE HORIZONS	59	72,810	30%	21,843
18	UNITED HEALTHCARE	278	355,294	30%	106,588
19	UNIVERSITY MEDICAL CENTER	67	90,181	30%	27,054
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43					
	ALLOWANCE TOTAL To Page 2 Line 4	1,133	\$1,449,837		\$434,951

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	<u>\$696,367</u>
	LESS:	
02	AHCCCS Settlement	(\$2,030)
03	Medicare Settlement	(\$351,962)
04	Subscription Service Settlements	(\$33,313)
05	Subscription Service Bad Debt	\$0
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	(\$387,304)
		<u>\$309,063</u>
07	Net Revenue from Subscription Service Runs	<u>\$66,803</u>
08	Sales of Subscription Contracts (To Page 2 Line 9)	<u>\$0</u>
09	Other Revenue (Attach Schedule)	
10	Total Subscription Service Revenue	<u><u>\$375,866</u></u>
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	\$19,773
12	Payroll Taxes	\$1,369
13	Employee Fringe Benefits	\$2,149
14	Professional Services	\$247
15	Contract Labor	\$0
16	Travel	\$1,395
17	Other General & Administrative Expenses	\$3,118
18	Depreciation/Amortization	\$116
19	Rent/Lease	\$341
20	Building/Station Expenses	\$478
21	Transportation-Vehicles	\$66
22	Other (Not Classified Above and Misc)	\$11,718
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u><u>\$40,770</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

OTHER OPERATING REVENUES AND EXPENSES

Line
No.

DESCRIPTION

Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule)		
02	Grant Funds - State (Attach Schedule)		
03	Grant Funds - Federal (Attach Schedule)		
04	Grant Funds - Other (Attach Schedule)		
05	Patient Finance Charges		
06	Patient Late Payment Charges		
07	Interest Earned - Related Person/Organization		
08	Interest Earned - Other		
09	Interest Income and Miscellaneous Revenue	\$10,192	
10	Gain On Sale of Operating Property	5,996	
11	Other:		
12	Total Other Operating Revenues		\$16,189
	Other Operating Expenses:		
13	(Loss) On Sale of Operating Property	\$0	
14	Other:		
15	Other:		
16	Total Other Operating Expenses		\$0
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		\$16,189

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE I DETAIL OF SALARIES / WAGES

Officers / Owners

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Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals	
												Wages Paid To Owners	*FTE
01		N/A	\$					\$					
02													
03													
04													
05													
06													
07	Total		\$					\$				\$	N/A
												1	2

* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01. 2 Total FTEs to Page 4 Col 1 Line 01.

AMBULANCE SERVICE ENTITY: Kord's Southwest

FROM: 1/1/13

TO: 12/31/13

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Management, Ambulance Personnel, Other Personnel

No.

Detail of Salaries/Wages - Other Than Officers/Owners

METHOD OF COMPENSATION

**\$'s per
Run or
Shift**

x

x

N/A

x

X

N/A

X

N/A

x

N/A

x

N/A

40 Hours a week

X

X

N/A

AMBULANCE REVENUE AND COST REPORT

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AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE III

DEPRECIATION AND/OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Vehicle Rental			100%							\$772
02	Equipment Rental			100%							\$32,732
03											
04	Ambulances	Various	\$450,200	100%	\$450,200	SL	Various	\$0	\$145,807	\$450,200	
05	Accessorial Equipment	Various	\$398,903	100%	\$398,903	SL	Various	\$0	\$56,323	\$398,903	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$849,103		\$849,103				\$202,131		\$33,504

To Pg 13 To Pg 13

Ln 19, Col I Ln 19, Col K

* Complete description of property, date placed in service, and rent/lease amount columns only.

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

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SCHEDULE III

DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$767,442
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$33,714
04											
05	Other Vehicles	Various	\$900	100%	\$900	SL	Various	\$0	\$225	\$900	
06	Non-Vehicle Fixed Assets	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
07											
08	OH Vehicles	Various		100%		SL	Various		\$4,233		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$276,903		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$900		\$900			\$0	\$281,361		\$801,156
19	SUBTOTAL (from Pg 12 Ln 20)		\$849,103		\$849,103				\$202,131		\$33,504
20	SUM of Ln 18 and 19		\$850,003		\$850,003			\$0	\$483,492		\$834,660

* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 6, Ln 01 To Pg 6, Ln 04

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

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Schedule IV
BEMSTS-CON & RATES

DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance		(3) End of Period	(4) Related Persons or Organizations	(5) Interest Expense Other
			Beg. of Period				
	<u>Service Vehicles & Accessorial Equipment</u>						
01	<u>Name of payee:</u>	%	\$	\$		\$	
02							
03							
04							
	<u>Communications Equipment</u>						
05	<u>Name of Payee:</u>	%	\$	\$		\$	
06							
07							
	<u>Other Property & Equipment</u>						
08	<u>Name of Payee:</u>	%	\$	\$		\$	
09							
10							
	<u>Working Capital</u>						
11	<u>Name of Payee:</u>	Various	In Corp Balances	\$		0	\$1,561,521
12							
13							
	<u>Other</u>						
14	<u>Name of Payee:</u>	%	\$	\$		\$	
15	<u>TOTAL</u>		N/A	N/A		0	\$1,561,521

(To Pg 2 Cl 2 Ln 16)

----- (To Pg 2 Cl 2 Ln 16) -----

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Kord's Southwest**

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

BALANCE SHEET Current audited financial statements may be submitted in lieu of the Balance Sheet

ASSETS

CURRENT ASSETS

01	Cash	\$	_____
02	Accounts receivable		_____
03	Less: Allowance for doubtful accounts		_____
04	Inventory		_____
05	Prepaid expenses		_____
06	Other current assets		_____

07 TOTAL CURRENT ASSETS _____

PROPERTY & EQUIPMENT

08 Less: Accumulated depreciation (see ACR p. 12) _____

OTHER NONCURRENT ASSETS

11 TOTAL ASSETS \$ _____

LIABILITIES & EQUITY

CURRENT LIABILITIES

12	Accounts payable	\$	_____
13	Current portion of notes payable		_____
14	Current portion of long term debt		_____
15	Deferred subscription income		_____
16	Accrued expenses and other		_____
17			_____
18			_____

19 TOTAL CURRENT LIABILITIES _____

NOTES PAYABLE

21 LONG TERM DEBT OTHER _____

22 TOTAL LONG-TERM DEBT \$ _____

EQUITY AND OTHER CREDITS

Paid-in capital:

23	Common stock	\$	_____
24	Paid-in capital in excess of par value		_____
25	Contributed capital		_____
26	Retained Earnings		_____
27			_____
28			_____
29	Fund balances		_____

30 TOTAL EQUITY \$ _____

31 TOTAL LIABILITIES & EQUITY \$ _____

***See enclosed Consolidated Annual Audited Financial Statements**

RECEIVED

JUN 30 2014

BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES

01	Net (loss) income	\$ _____	RECEIVED JUN 30 2014 BEMSTS-CO
	Adjustments to Reconcile Net Income To Net		
	<u>Cash Provided by Operating Activities:</u>		
02	Depreciation expense	_____	
03	Deferred income tax	_____	
04	Loss (gain) on disposal of Property and Equipment	_____	
	<u>(Increase) Decrease in:</u>		
05	Accounts receivable	_____	
06	Inventories	_____	
07	Prepaid expenses	_____	
	<u>(Increase) Decrease in:</u>		
08	Accounts payable	_____	
09	Accrued expnses	_____	
10	Deferred subscription income	_____	
11	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$ _____	

INVESTING ACTIVITIES:

12	Purchases of property and equipment	\$ _____
13	Proceeds from disposal of property and equipment	_____
14	Purchases of Investments	_____
15	Proceeds from disposal of Investments	_____
16	Loans made	_____
17	Collections on loans	_____
18	Other _____	_____
19	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	\$ _____

FINANCING ACTIVITIES:

	<u>New borrowings:</u>	
20	Long-term	\$ _____
21	Short-term	_____
	<u>Debt reduction:</u>	
22	Long-term	_____
23	Short-term	_____
24	Capital contributions	_____
25	Dividends paid	_____
26	NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	\$ _____
27	NET INCREASE (DECREASE) IN CASH	\$ _____ *
28	CASH AT THE BEGINNING OF YEAR	\$ _____
29	CASH AT END OF YEAR	\$ _____

SUPPLEMENTAL DISCLOSURES:

	<u>Noncash investing and financing transactions:</u>	
30	_____	\$ _____
31	_____	\$ _____
32	_____	\$ _____
33	Interest paid (net of amounts capitalized)	\$ _____
34	Income taxes paid	\$ _____

*See enclosed Consolidated Annual Audited Financial Statements